

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MD		12-12-01
O.I.P.E. CLASSIFIER			15/
FORMALITY REVIEW	MD	579	01/17/02
RESPONSE FORMALITY REVIEW	LC	1024	4-1-02

INDEX OF CLAIMS

✓ Rejected N Non-elected
 " Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final Original	
1	10/07/02
2	✓
3	0
4	0
5	0
6	✓
7	0
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
17	✓
18	✓
19	✓
20	✓
21	✓
22	✓
23	✓
24	✓
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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5530
01-18-02